

JOSEPH W. TESTA
FRANKLIN COUNTY AUDITOR
HOMESTEAD EXEMPTION APPLICATION

(323.151 R.C. et seq and 4503.064 R.C. et seq)

TO BE FILED AFTER FIRST MONDAY IN JANUARY AND NOT LATER THAN FIRST MONDAY IN JUNE

OFFICE USE ONLY

Only
Rebate
2 nd 1/2 adjustment
Denied

Please read the back of this form before you complete it. Disabled applicants must have the Disability Certificate on the back of this form completed and signed.

1. Type of application: ☐ Senior Citizen (age 65 and older) ☐ Disabled person ☐ Surviving Spouse

2. Have you received the homestead exemption previously? ☐ Yes ☐ No If yes, original year applied _____

3. Applicant's Name _____ Date of Birth _____ Soc. Sec. No. _____

Spouse's Name _____ Date of Birth _____ Soc. Sec. No. _____

4. Address _____ Zip Code _____

5. Phone No. _____

6. Date Property Acquired _____

7. Legal Interest in Property: ☐ Deed ☐ Life Estate or Trust ☐ Land Contract ☐ Other _____

8. Type of Property: ☐ Single ☐ Double ☐ Condominium ☐ More than 1 acre ☐ Manufactured Home

9. Income Information: The income requested below on Line A -- Adjusted Gross Income -- must be taken from your Federal Income Tax Return for the year indicated. **If you did not file an income tax return, see the back of this form for**

instructions. Please report income as follows:

2003 INCOME (maximum of \$25,000)		
APPLICANT and SPOUSE		
A.	\$	
	APPLICANT	SPOUSE
B.	+	
C.	+	
D.	+	
E1.	-	
E2.	-	
F.	=	

A. Adjusted Gross Income: From Federal Income Tax Return Form 1040 or 1040A, from line marked Adjusted Gross Income.

B. Add nontaxable Social Security Retirement and Survivors' benefits

C. Add nontaxable retirement, pension and annuity benefits.

D. Add interest on tax exempt government obligations.

E. Subtract taxable disability benefits included on Line A as follows:

1. Subtract all disability benefits paid by Veteran's Administration or a branch of the armed forces.

2. Subtract all other disability benefits **up to a maximum of \$5,200.**

F. **TOTAL INCOME:** Add Lines A through D; subtract Lines E1 and E2

2004 INCOME (maximum of \$25,400)		
APPLICANT and SPOUSE		
A.	\$	
	APPLICANT	SPOUSE
B.	+	
C.	+	
D.	+	
E1.	-	
E2.	-	
F.	=	

PLEASE ATTACH COPIES OF PROOF OF INCOME

i.e. TAX RETURNS, SOCIAL SECURITY & PENSION STATEMENTS

I declare under the penalty of perjury that I occupy this homestead as my principal place of residence. I have examined this return (including any accompanying schedules and statements), and to the best of my knowledge and belief this return is true, correct and complete.

Signature of Applicant

Date

Signature of Spouse

FOR COUNTY AUDITOR'S USE ONLY

LAND BLDG. TOTAL AMOUNT OF REDUCTION

Homestead Taxable Value

Name on Tax List

JOSEPH W. TESTA
FRANKLIN COUNTY AUDITOR
373 South High Street, Columbus, Ohio 43215-6310
(614) 462-3240

PLEASE READ THIS BEFORE YOU COMPLETE THE APPLICATION

WHAT YOUR SIGNATURE MEANS: By signing the front of this form, you authorize the auditor to examine any financial records that relate to your income. You also affirm under penalty of perjury that you did not acquire the home from a relative or in-law, other than your spouse, for the purpose of qualifying for the homestead exemption. A conviction of willfully falsifying information on any application will result in loss of the homestead exemption for three years.

QUALIFICATIONS: To receive the homestead exemption you must:

- (1) be at least 65 years of age during the year for which you are requesting an exemption, or be permanently and totally disabled as of January 1st (see definition below), or be a surviving spouse (see below);
- (2) have a total income of not more than the maximum allowed, which is adjusted annually for inflation. **The current maximum allowed is \$25,400 for the 2005 filing period;** and
- (3) own and occupy your home as your principal place of residence as of January 1st of the year for which you file.

INSTRUCTIONS: Please type or print all information. If you qualify for the homestead exemption for the first time this year, complete the income information in the box on the right hand side only. If you also qualified for the homestead exemption last year, but did not file an application in a timely fashion, please complete the income information in the box on the left hand side as well.

TOTAL INCOME: Total income includes the income of the owner(s) of the home, and includes the income of the spouse of the owner, although the spouse may not actually be an owner.

If you did not file an income tax return, Adjusted Gross Income under the Internal Revenue Code includes compensation, rents, interest, fees and most other types of total income. **Please report all such income on this line.** If you are unsure of what income is included in Adjusted Gross Income, please contact the Homestead section.

All retirement benefits, including Social Security retirement benefits, **are** included although they may not be taxable.

Total income does **not** include workers' compensation, black lung benefits, Social Security disability or veterans' disability benefits. However, certain disability benefits are included in total income and certain disability benefits become retirement benefits at a given age. If you receive disability income and do not know whether it is included in Adjusted Gross Income, please contact the Homestead section.

SURVIVING SPOUSE: A surviving spouse must be the surviving spouse of a person who was receiving the homestead exemption by reason of age or disability in the year of death AND must have been at least 59 years of age on the date of the decedent's death.

CERTIFICATE OF DISABILITY

Section 323.151 Revised Code, provides: " 'Permanently and totally disabled' means a person who has, on the first day of January of the year of application for reduction in real estate taxes, some impairment in body or mind that makes him unfit to work at any substantially remunerative employment which he is reasonably able to perform and which will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery therefrom or has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons."

In accordance with the above, I (we) hereby certify that _____ was, as of January 1, _____, and is now permanently and totally disabled by virtue of ☐ physical disability or ☐ mental disability.

License Number

Physician (Signature)

Psychologist (Signature)

Agency

If Agency: Signature and Title of Person Completing Form)

Print Name of Person Signing

Address (please print)

City/State, Zip Code (please print)

Date